

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
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12						
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23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35		2		1		
36		1				
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	24		7			
TOTAL DEP.	15	↔	10	↔		
TOTAL CLAIMS	37		17			

TOTAL IND.			↓		
TOTAL DEP.			↔	↓	↔
TOTAL CLAIMS					